



Name
Withholding
Account No.
UC Account
No.
Period
Covered



980461000

FORM 941/C1-ME LOOSE

Part Four - Unemployment Contribution Wage Listing

Unless designated a seasonal employer by the Department of Labor, enter all wages in column 18 (Nonseasonal wages).

17. Social Security Number	18. Nonseasonal Wages Paid in Quarter	19. Seasonal Wages Paid in Quarter	20. Employee Name (Last, First, MI)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			
s.			
t.			
u.			
v.			
w.			

21. Total wages listed on this page 21

22. Total wages for ALL pages. Enter this total on line 6 and only on the last wage listing page 22